

ACKNOWLEDGEMENT OF NOTIFICATION HAZARDOUS WASTE ACTIVITY

06/22/2010

Region 2

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER: NYR000175638

INSTALLATION NAME:

INSAREN INC

INSTALLATION ADDRESS:

74-16A GRAND AVE **ELMHURST, NY 11373**

MAILING ADDRESS:

185 DEVOE AVE YONKERS, NY 10705

-EPA Form 8700-12AB (4-80)

USEPA - REGION 2 RCRA Programs Branch 290 Broadway, 22nd Floor New York, NY 10007-1866

ATTN: RCRA NOTIFICATIONS

Tel: (212) 637-4106 Fax: (212) 637-4437

TO: INSAREN INC

or Current Occupant

ATTN: MAREK MAY

185 DEVOE AVE YONKERS, NY, 10705 A CARLOS DE LA CAPÍTA MESOCALIZADA.

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OMB# 2050-0024; Expires 11/30/2011





SEND COMPLETED FORM TO: The Appropriate State or Regional Office.		United States Environmental Protection Agency - 8 PM 1: 15 RCRA SUBTITLE C SITE IDENTIFICATION FORM BRANCH							
1.	Reason for Submittal	Reason for Submittal: To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) To provide a Subsequent Notification (to update site identification information for this location)							
MARK ALL BOX(ES) THAT APPLY		As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #)							
		 □ As a component of the Hazardous Waste Report (If marked, see sub-bullet below) □ Site was a TSD facility and/or generator of ≥1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations) 							
2.	Site EPA ID Number	EPA ID Number $WYR_000011751638$							
3.	Site Name	Name: INSAPEN INC							
4.	Site Location	Street Address: 74-16A GRAND AUF							
	Information	City, Town, or Village: FLM HURST County: QUEENS State: QUEENS NY Country: QUEENS Zip Code: 1/373							
5.	Site Land Type	Private County District Federal Tribal Municipal State Other							
6.	NAICS Code(s) for the Site (at least 5-digit codes)	A. 12131 C.							
		B D							
7.	Site Mailing	Street or P.O. Box: 185 DEVOE AVE							
	Address	City, Town, or Village: YONKERS							
		State: AG Country: WESIMESTER Zip Code: 10705							
8.	Site Contact Person	First Name: MAREK MI: Last: MA7							
	i cidon	Title: V-CE PRESIDENT ~							
		Street or P.O. Box: 185 DEVOE AVE City. Town or Village: 40N PERS							
	V	State: NY Country: WESTURESTER Zip Code: 10705							
		Email: INSAREN (a) hotmail. com							
		Phone: 9/4 774 3258 Ext.: Fax: 7/8 6755508							
9.	and Operator	A. Name of Site's Legal Owner: NSAREN INC Date Became Owner: 06-15-2007							
-		Owner Type: Rrivate County District Federal Tribal Municipal State Other							
		Street or P.O. Box: 74-16A GRAND AVE							
		City, Town, or Village: ELMHURST Phone: 718 672 4200							
		State: NT Country: QUEENS Zip Code: 1/273 Date Became 16 22 20 10							
		B. Name of Site's Operator: 1740 1490 1994 Operator: 06-28-2008							
		Operator Type: Private County District Federal Tribal Municipal State Other							

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Walk I	es" or	'No" for a	Activity (at your site) Il current activities (as of the	ne date submitting the	form); complete any additional boxes as instructed.		
A. Hazardo	us Was	te Activiti	es; Complete all parts 1-7.	firment in brieflen son ex			
OND	1. Generator of Hazardous Waste If "Yes", mark only one of the following – a, b, or c. a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2)				Y		
	lbs./mo) of acute hazardous waste; Generates, in any calendar month, accumulates at any time, more than (220 lbs./mo) of acute hazardous sp material.			s waste; or month, or nore than 100 kg/mo	Y N 3. Treater, Storer, or Disposer of Hazardous Waste Note: A hazardous waste permit is required for these activities Y N 4. Recycler of Hazardous Waste		
	■ b.	SQG:	100 to 1,000 kg/mo (220 – acute hazardous waste.	2,200 lbs./mo) of non-	W supplement between the set of a set of set of		
	C .	CESQG:	Less than 100 kg/mo (220 hazardous waste.	lbs./mo) of non-acute	Y N 5. Exempt Boiler and/or Industrial Furnace If "Yes", mark all that apply. a. Small Quantity On-site Burner		
	lf '	"Yes" abo	ve, indicate other generate	or activities.	Exemption		
YONO	d.	time ever	rm Generator (generate from at and not from on-going prod n explanation in the Comme	cesses). If "Yes",	b. Smelting, Melting, and Refining Furnace Exemption		
	e.		ates Importer of Hazardous		Y N 6. Underground Injection Control		
YONO				tive) Generator	Y N 7. Receives Hazardous Waste from Off-s		
B. Universa	al Wast	e Activitie	es; Complete all parts 1-2.		C. Used Oil Activities; Complete all parts 1-4.		
Y N Large Quantity Handler of Universa accumulate 5,000 kg or more) [referegulations to determine what is retypes of universal waste managed amark all that apply.			ate 5,000 kg or more) [refe ons to determine what is re universal waste managed	er to your State egulated]. Indicate	Y N N 1. Used Oil Transporter If "Yes", mark all that apply. a. Transporter b. Transfer Facility (at your site)		
	a. Batteries				Y N N 2. Used Oil Processor and/or Re-refiner If "Yes", mark all that apply.		
		b. Pestic			a. Processor		
	c. Mercury containing equipment d. Lamps						
					☐ b. Re-refiner		
e. Other (specify)				ä	Y □ N □ 3. Off-Specification Used Oil Burner		
	f. Other (specify)				- the state of the		
				Y N N 4. Used Oil Fuel Marketer If "Yes", mark all that apply.			
Y N N Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this activity.				 a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner b. Marketer Who First Claims the Used 			

EPA ID Numbe	er			OMI	3#: 2050-0024; E	xpires 11/30/201
	ademic Entities wit	h Laboratories—Notifi art 262 Subpart K	cation for opting i	nto or withdrawing f	rom managing labo	ratory hazardous
❖ You <u>r</u> 262 S	<u>must</u> check with you Subpart K	State to determine if yo	u are eligible to ma	anage laboratory haza	rdous wastes pursua	ant to 40 CFR Part
See the a. Co b. Te	item-by-item instru ollege or University eaching Hospital that	ating under 40 CFR Part uctions for definitions of its owned by or has a fo t is owned by or has a fo	of types of eligible	e academic entities. on agreement with a c	Mark all that apply	aboratories
2. Withdraw	wing from 40 CFR P	art 262 Subpart K for the	e management of h	azardous wastes in la	boratories	
1. Description	of Hazardous Was	ste				
	ist them in the order	gulated Hazardous Wa they are presented in the				
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hazardous spaces are	wastes handled at yo	ated (i.e., non-Federal) our site. List them in the	Hazardous Waster order they are pre	s. Please list the was sented in the regulation	te codes of the State ns. Use an addition	-Regulated al page if more
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² A Form 8700)-12, 8700-13 A/B,	8700-23 (Revised 11	/2009)			Page 3 of

EPA ID Number		OMB#: 2050-0024; Expires 11/30/20
. Notification of Hazardous Secondary Mat	erial (HSM) Activity	
secondary material under 40 CFR	60.42 that you will begin managing, are manage 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or ndum to the Site Identification Form: Notification	(25)?
. Comments	are recall against at alreghe and the free to	of a suctional of the stage of
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San Faller Office ("A T. Maria No. of Faller"). "		
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accordance with a system designed to assu on my inquiry of the person or persons who information submitted is, to the best of my k penalties for submitting false information, in	that this document and all attachments were pure that qualified personnel properly gather and manage the system, or those persons directly anowledge and belief, true, accurate, and compositioning the possibility of fines and imprisonment, all owner(s) and operator(s) must sign (see	d evaluate the information submitted. Based responsible for gathering the information, to plete. I am aware that there are significant ent for knowing violations. For the RCRA
Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
Maller	MEAR KUCHARSKI	06/08/10
Chece	V-CE PRESIDENT	
	NAME OF THE PERSON OF THE PERS	
PA Form 8700-12, 8700-13 A/B, 8700-23 ((Revised 11/2009)	Page 4 of

EPA ID Number OMB#: 2050-0024; Expires 11/30/2011

ADDENDUM TO THE SITE IDENTIFICATION FORM: NOTIFICATION OF HAZARDOUS SECONDARY MATERIAL ACTIVITY



Be	fore	filling	out	this	section:

- You must check with your State to determine if you are eligible to manage hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 261.4(a)(23), (24), or (25). (See also http://www.epa.gov/epawaste/hazard/dsw/statespf.htm.)
- You must be managing hazardous secondary material, which is secondary material (e.g., spent material, by-product, or sludge) that when discarded, would be identified as hazardous waste under 40 CFR Part 261. Do not include any information regarding your hazardous wastes in this section.
- You must submit a completed Site Identification Form, including this Addendum, prior to operating under the exclusion(s) and by March 1 of each even-numbered year thereafter to your regulatory authority using the Site Identification Form as pursuant to 40 CFR 260.42. Persons who must staisfy this notification requirement can submit information at the same time as their Biennial Report (which is also due by March 1 of each even-numbered year).

	of hazardous secondary material in accordance with the exclusions(s) and do not expect to manage any amount of hazardous secondary material under the exclusions(s) for at least one year, you must also submit a completed Site Identification Form, including this Addendum, within thirty (30) days pursuant to 40 CFR 260.42.						
1.	Indicate reason	for notification. Include dates where red	quested.	*			
	■ Notifying that	at the facility <u>will begin managing</u> hazardous	secondary material as of _	# ·	_ (mm/dd/yyyy).		
	Re-notifying						
	Notifying tha	t the facility <u>has stopped managing</u> hazardo	ous secondary material as o	of	(mm/dd/yyyy).		
2.	2. Description of hazardous secondary material (HSM) activity. Please list the appropriate codes and quantities in short tons to describe your hazardous secondary material activity ONLY (do not include any information regarding your hazardous wastes in this section). Use additional pages if more space is needed.						
a. Facility code (answer using codes listed in the Code List section of the instructions)		b. Waste code(s) for hazardous secondary material (HSM)	c. Estimated short tons of HSM to be managed annually	d. Actual short tons of HSM that was managed during the most recent odd- numbered year	e. Land-based unit code (answer using codes listed in the Code List section of the instructions)		
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 Facility has financial assurance pursuant to 40 CFR 261 Subpart H. (Financial assurance is required for reclaimers and intermediate facilities managing hazardous secondary material under 40 CFR 261.4(a)(24) and (25)) N Does this facility have financial assurance pursuant to 40 CFR 261 Subpart H? 							